

Senegal Maternal Health/Family Planning Project: Final Report

Senegal MH/FP Project Staff

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ACRONYMS

CRA:	Client Referral Analysis
ADEMAs:	Social Marketing Development Agency
ASBEF:	Senegalese Association for Family Well-Being
CA:	USAID Collaborating Agency
CYP:	Couple-Year-Protection
CGO:	Center for Gynecology and Obstetrics
BCC:	Behavior Change Communication
RHC:	Regional Hospital Center
COPE:	Client-Oriented Provider-Efficient
ANC:	Antenatal Consultation
DEE:	Division of Elementary Education
IUD:	Intra Uterine Device
DISC:	Development of Health and Community Initiatives
ECD:	District Team Leaders
ECR:	Regional Team Leaders
EFI:	Teachers Training School
EPS:	Health Education
FHI:	Family Health International
GPF:	Women's Promotion Group
BI:	Bamako Initiatives
ICP:	Head Nurse
IEC:	Information, Education and Communication
IMAT:	Inventory Management Assessment Tool
STD:	Sexually Transmitted Disease
JHU:	John Hopkins University
KIR:	Key Intermediate Result
MCD:	District Head Doctor
MCR:	Regional Head Doctor
ME:	Ministry of Education
MSH:	Management Sciences for Health
MHP:	Ministry of Health and Prevention
CBO:	Community – Based Organization
NGO:	Non-Governmental Organization
AP:	Action Plan
PC	Community Opinion Leader (Persuader Communautaire)
IMCI:	Integrated Management of Childhood Illness
FP:	Family Planning
PDA:	Personal Digital Assistant
PI:	Performance Improvement
PNDP:	Parliamentarian Network on Population and Development
PNA:	National Drug Warehouse
PNLS	National Program for the Fight against Aids
OP:	Operational Plan

POCL:	Local Government Operational Plan
SDP:	Service Delivery Point
PRA:	Regional Drug Warehouse
PREMOMA:	Reduction of Maternal Morbidity and Mortality Project
MH/FPP:	Maternal Health and Family Planning Project
PMTCT	Prevention of the Mother-to-Child Transmission of HIV
RCO:	Regional Contracting Officer
MR:	Medical Region
QSR:	Quarterly Stock Report
PAC:	Post Abortion Care
CBS:	Community Based Service
AIDS:	Acquired Immuno-Deficiency Syndrome
MH/FP:	Maternal Health and Family Planning
BEOC:	Basic Emergency Obstetric Care
SO3:	Strategic Objective No. 3 (USAID Health Team)
RH:	Reproductive Health
PHC:	Primary Health Care
CPT:	Contraceptives Procurement Table
IPT:	Intermittent Presumptive Treatment
USAID:	United States Agency for International Development
VE:	Volunteers of Education

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INTRODUCTION

This fourth year marks the end of the Maternal Health and Family Planning Project. In December of 2004, The MH/FP project was replaced with a new project called PREMOMA (Reduction of Maternal Morbidity and Mortality). This explains why the MH/FP activities should target those priority areas to strengthen what has been accomplished by the project. This shift in priorities led to a more rational plan of action in early 2004, with the adoption of the Performance Improvement approach (PI).

The project close-out has been a major undertaking for both the staff and the partners. For the majority of people involved, this process has been a great learning experience. For instance, it has not had any negative impact on the project's implementation, as shown by the high activities execution rate in 2004. The execution rate was 77%, a slight increase from the 2003 execution rate (76.14%)—the reference year. S03 recommended the same execution rate as 2003.

This annual report is divided into 3 sections: i) review of major activities between May 1 and September 30 (project close-out), a detailed account of accomplishments during this period, Project close-out and transition; ii) accomplishments and outcomes; iii) challenges

Delays in the new project start up allowed a transition period during which major activities were conducted to ensure continued support to the implementation of the DRH: Prevention of Mother-to-Child HIV Transmission (PMTCT), formative training and management of RH commodities.

A. SECTION 1

1. MAJOR ACTIVITIES --MAY THROUGH SEPTEMBER 2004

1.1. Clinical Activity

1.1.1. *Training Activities*

a. Information session: Norms and Protocols

An information session on policies, norms and protocols was held in Thiadaye (June 15-18) and in Kounghoul (August 9-13)

b. Contraceptive Technologies

Four sessions were held. A total of 89 (head nurses) from four districts in Ziguinchor participated.

c. Prenatal consultation

3 information sessions were held in Ziguinchor. 77 head nurses from Ziguinchor and 34 from Kaolack participated.

d. BEOC

The continued collaboration with CEFOREP was instrumental in the completion of the BEOC training program. 194 service providers, of which 165 nurses and 29 midwives from the Districts of Ziguinchor, Oussouye, Kaolack, Louga, and Thies participated in the training.

e. Intermittent Presumptive Treatment (IPT)

The project provided support to DRH and collaborated with the National Program for the Fight against Malaria and was in charge of decentralizing IPT training programs. 18 training sessions were held, covering 20 districts. Only Guinguineo could not host the training.

f. Management and Leadership

Teams from the districts of Thies and Louga continued to receive training in leadership while working on their individual projects. During the fourth and last seminar (June 23-24 for Louga; June 29-30 for Thies), the teams presented projects status updates. An external qualitative evaluation was conducted by a Boston M&E team member. Note that we have benefited from the experience of a facilitator from Guinea.

The post workshop follow up will consist of regularly managing the Work Climate Assessment to evaluate the work environment within the different teams. This follow-up should be complemented by field visits to evaluate activities in the districts.

g. Training in Post Abortion Care

- *Training of birth clinic care providers in PAC/MVA*

Three sessions were added to the practical training. 31 health care providers from district health centers participated in the training (doctors, midwives, and nurses). They all received training in

PAC, counseling and post abortion FP, prevention of infections, and in manual vacuum aspiration techniques.

At the end of the training, each team from the birth clinics received MVA kits and each participant received post abortion FP counseling tools, a kit with sample contraceptives and visual support.

A great number of care providers who have received training could contribute to the PAC 24hrs/day. In fact, out of the 21 district health centers, 18 have at least 2 health care providers trained in PAC/MVA. Only the health centers of Louga, Darou Mousty and Guinguineo have one health care provider. (Refer to annex for the number of trained care providers and their role per health center).

The Nioro health center is currently under renovation and is temporarily located in the city hall. It is expected to start providing PAC in September.

- *Training in PAC of BEOC trained Head Nurses*

To improve access, PAC services must be provided at the most basic level. In this respect, capacities' building for health providers is fundamentally important. Indeed, 170 healthcare providers trained in BEOC and in contraceptive technologies have been introduced to post abortion care. This orientation was designed to provide Head Nurses with the knowledge and competencies needed to evaluate and stabilize complicated conditions from incomplete abortion, provide post abortion FP counseling to a patient, and where appropriate, prescribe the right contraception. Orientation sessions were held at the regional level with technical support from CEFORP, in collaboration with DRH and the concerned medical regions. The sessions focused on patient/health care providers relationship was emphasized during treatment period and on post abortion FP counseling.

- *Workshop to develop a PAC counseling training manual for women*

Training in counseling is an essential component of the PAC extension strategy. Counseling is indeed critical for women who have had incomplete abortion or have experienced post abortion complications. These services should be provided as early as the first contact with health services, continue on throughout the treatment and end with FP post abortion counseling. During PAC counseling, the patient's needs (emotional, physical, birth control) must be identified and taken into account. A team comprised of 3 IEC agents from DRH, 2 social workers and 4 midwives from CGO, 3 project staff members have developed during a 3 day workshop (June 28 though June 30) a PAC training manual in counseling adapted to the profile of the birth attendants. This reference manual was developed based on current training curricula and field experiences, and should be finalized and tested during initial training sessions.

1.1.2. Revision of data collection tools

Current abortion records at the SDP do not take into account indicators that are able to monitor PAC activities. These are births and MVA records. On June 2004, a meeting was held at CEFORP to review these tools. DRH, CEFORP and the project attended the meeting, and the following recommendations were issued.

- The revised MVA record becomes abortion records.

- All abortions, regardless of their type, how they are performed, and the SDP must be recorded in the abortion records. No abortion should be recorded in the birth records.
- It will be printed, copied and available at all SDP (hospitals, health centers) with support from MSH.
- RH coordinators will be trained on filling these records during monitoring visits; the RH district coordinators will, in turn, train the Head Nurses during coordination meetings.
- As far as the other RH data collection tools are concerned, support must be given to DRH to harmonize the collection of information on IEC activities (counseling and exchange of information) as well as maternal deaths.

The abortions record has been finalized and printed. It will be made available at the SDP during monitoring visits scheduled to take place in September of 2004.

1.1.3. Supervision

a. Formative Supervision

After testing the formative supervision grid that had been integrated into all of the districts of Louga and Thies, as well as the Guinguineo district, the project organized a national workshop in collaboration with the DRH to finalize the grid. In addition to project members and members of the Ministry (DRH, Office of Health, Teams from the 11 regions of Senegal, ENDSS, CHU), development partners (OMS, UNICEF, UNFPA, USAID), executing agencies (FHI, INTRAH) and local NGOs (ASBEF, CEFOREP) have all participated in the workshop. The grid was finalized and some aspects such as post abortion care, intermittent presumptive treatment against malaria, STD/AIDS and the prevention of mother-to-infant transmission of HIV were all integrated into the grid. Institutional measures needed to revitalize supervision in the Senegalese health system were recommended:

- Put in place a task force to integrate the latest corrections.
- Produce the final document (grid).
- Train the Regional and District Lead Teams of other regions who have not benefited from formative supervision.
- Revise RH policies, norms and protocols.
- Make the grid automation software available to the Regional Lead Teams and District Lead Team.
- Inform DERF of elements that need to be taken into account in the SIG
- Have the Office of Health hold a meeting on supervision during the coordination meetings.
- Send the workshop's report to the Office of Health, the MCR (Regional Head Doctor) and to the partners.
- Continue the leadership program for the Regional Lead Team and the District Lead Team who have not yet benefited from it.
- Conduct the second supervision in the pilot regions (Louga-Thies).

b. PAC training program monitoring

A field visit was conducted to meet the PAC-trained health care providers to monitor and evaluate the training programs. The visit took place from August 30 to September 17, approximately 3 months after the last training session. A preliminary meeting was held (August 19-20) at CEFOREP to prepare for these visits; the participants were DRH (4), the MHFPP (5), regional RH coordinators (4) the training team and the RHC Gynecologists. The goal of this meeting was to discuss results of the evaluation field visits, to review

the methodology and the tools to be used (evaluation grid, exit interview questions, performance records) as well as review the calendar for site visits.

Post abortion health care services of birth clinics in 20 health districts and the RHC (Thies, Kaolack, Louga, and Ziguinchor) were targeted.

The objectives of the visit were :

- Evaluate the performance of the birth clinics in PAC service provision and the quality
- Determine the level PAC provision
- Help health care providers resolve potential problems (technical, organizational) encountered during PAC service delivery.

The supervision teams were comprised of DRH, MHFPP, CGO, regional RH coordinators and other specialists who have participated in the training. The supervision grid for PAC services (developed based on the integrated supervision grid of RH services), a questionnaire for interviews of post abortion patients, and a performance summary of each birth clinic have helped collect the information.

The following methods were used: Observation of facilities and the material necessary for the MVA as well as key medicines and consumables, discussions with health care providers on PAC service delivery and organization, analysis of statistics, performance evaluation (technical, MVA, counseling and information sharing), and on-going training. Because of the low number of post abortion patients in the birth clinics during the supervision, the simulation with ZOE (mannequin) enabled the performance evaluation of providers in MVA techniques.

During a meeting, a plan of action was developed in response to problems identified with the birth clinics personnel, the district lead teams and representatives from the health comities.

1.2. Logistics activities

1.2.1 Supervision of district warehouses

Supervision visits took place from July 05 to August 28, 2004. The medical regions, 51 districts, all of the regional hospitals and those of Dakar, the reference center, private structure previously supplied by SANFAM and the Kaolack PRA were visited. The objective of the visit is threefold:

- Collect statistical data for the mid-year evaluation for Contraceptives Procurement Table ;
- Apply IMAT in all district purchasing centers and issue recommendations related to the management of key medicines ;
- Introduce private health structures to DRH so they can receive supplies of contraceptives and their supervision by their respective health districts.

Through supervision, data on the changes in contraceptives supply were collected during the first semester in 2004 at the warehouses. The data will enable a reactivation the Contraceptives Distribution Table during the mid-year evaluation in September of 2004.

The usage data revealed the evolution of the CYP during the semester (see table 1)

For the DRH, the CYP is in net progress compared to the last semester of 2003(16%) while there was a 3% progress compared to all of the 2003 semesters.

For programs with USAID-financed contraceptives, there was at least a 12% change in CYP compared to other previous semesters (see table 1).

Management support such as inventory record is available in all of the purchasing centers that were visited. Health commodities storage is also in net progress due to the frequency and regularity of supervisions, which highly motivates drug warehouse management.

Tableau 1: CHANGES IN CYP PER SEMESTER

DRH

USAGE / C Y P

PRODUCTS	Semester 1 2003	CYP1 / 03	Semester 2 2003	CYP2 / 03	Semester 1 2004	CYP1/04
Condom	281984	2340	266354	2211	394781	3277
Conceptrol	110866	920	84464	701	116016	963
Copper T, 380	2072	7252	1740	6090	2539	8887
Depo-Provera	98126	24532	103315	25829	119731	29933
Lo-Femenal	238479	15907	265615	17717	255997	17075
Neo-Sampon	0	0	0	0	0	0
Neogynon	40494	2701	32154	2145	30439	2030
Norplant	2817	9860	2169	7592	2872	10052
Ovrette	69883	4661	54820	3656	60802	4055
TOTAL		68172		65940		76272

ASBEF

USAGE / C Y P

PRODUCTS	Semester 1 2003	CYP1 / 03	Semester 2 2003	CYP2 / 03	Semester 1 2004	CYP1/04
Condom	117757	977	829050	6881	207159	1719
Conceptrol	23848	198	78228	649	61489	510
Copper T, 380	233	816	430	1505	236	826
Depo-Provera	8334	2084	9782	2446	9430	2358
Lo-Femenal	30862	2058	3586	239	15149	1010
Neo-Sampon	0	0	0	0	0	0
Neogynon	1661	111	2700	180	2239	149
Norplant	256	896	711	2489	239	837
Ovrette	6488	433	6041	403	7996	533
TOTAL		7572		14792		7943

ADEMAS

USAGE / C Y P

PRODUCTS	Semester 1 2003	CYP1 / 03	Semester 2 2003	CYP2 / 03	Semester 1 2004	CYP1/04
Condom	2152500	17866	1893000	15712	2646213	21964

DS/STD

USAGE / C Y P

PRODUCTS	Semester 1 2003	CYP1 / 03	Semester 2 2003	CYP2 / 03	Semester 1 2004	CYP1/04
Condom	1452000	12052	1269528	10537	1489849	12366

TOTAL CYP	Sem 1/ 03		Sem 2/ 03		Sem 1/04
	105662		106980		118544

Shortages in contraceptives were noticed throughout this period at the district warehouses. These shortages were attributable to delays in supplies sent to the districts by the medical regions. There was also a lack of coordination between DRH and the regions. Table 2 shows shortages during the different semesters

Table 2: District Warehouse logistical indicators

INDICATORS	SEMESTER I 2003	SEMESTER II 2003	SEMESTER I 2004
I. % of district warehouse managers who keep management tools up-to-date	Unavailable	73% (36 districts out of 49)	75% (38 districts out of 51)
II. % of district Warehouses which have not had any shortages in contraceptives in the last semester	84% (42 districts out of 50)	57% (28 districts out of 49)	56% (29 districts out of 51)
III. % of district warehouses which have not had any shortages in contraceptives attributable to management	98% (49 districts out of 50)	94% (46 districts out of 49)	84% (43 districts out of 51)

Note: Shortages attributable to management: Criteria

- Manager has received training but fails to apply quantity formula when ordering drugs
- QSR not done on time or not forwarded to the medical region on time
- Mismanagement of tools by warehouse manager

Through supervision, IMAT was applied in all district warehouses with the help of regional and district women coordinators. This tool helped monitor 25 of the most used key drugs in PCIME (Children's Integrated Health Coverage), malaria, STD/AIDS treatment, in addition to contraceptives. Four indicators are used to evaluate the efficiency of management practices and drugs registry in a store.

At the end of this exercise, recommendations were issued to help the warehouse managers and the Lead District Team improve performance in future supervisions.

Table 3: Statistical data on IMAT indicators at the district warehouses level

Acceptable proportions	Number of districts (%)	% of districts with ideal score
Ind. I $\geq 60\%$	32 districts out of 51 (63%)	9 districts out of 51 (18%)
Ind. II $\leq 20\%$	32 districts out of 51 (63%)	15 districts out of 51 (30%)
Ind. III $\geq 80\%$	37 districts out of 51 (73%)	3 districts out of 51 (0,6%)
Ind. IV $\leq 20\%$	40 districts out of 51 (79%)	4 districts out of 51 (0,8%)

Recording Indicators

Ind. I =percentage of exact stock recordings

Ind. II=Variation ratio of physical stock inventory

Stock level control indicators

Ind. III percentage of available products

Ind. IV average time of shortage in stock

Note; only one district (O USSOUYE) has had an ideal IMAT score, in other words

I= 100%

II= 0%

III= 100%

IV=0%

1.2.2. Contraceptive Supply

Medical regions, reference centers, districts and hospitals were all supplied with contraceptives according to an established program and the quarterly stock Reports from the medical regions (see table 6; stock movements toward regions and districts). At times, deadlines were missed due to delays in reports submission via the regions, leading to occasional shortages.

The system used in Ziguinchor (Supply using ground public transportation) remains efficient. However, the Regional Lead Team has made some suggestions to increase supply by using our logistical means for safety purposes.

The utilization of PRA in Kaolack as the main supply center in order to integrate contraceptives in the key drugs system is to be evaluated, allowing the transition to the next phase.

As for the private structures that have previously been supplied by SANFAM, orders must be submitted to DRH so they can be included in the quarterly supply schedule.

1.2.3. Training of SDP warehouse managers in drug supply management

487 warehouse managers from the Districts of Nioro, Kaffrine, Kounghoul and Guinguineo participated in a three day training sessions on key drugs, including contraceptives. There were four sessions and all of the SDP warehouse managers from the USAID districts were able to complete their training

1.3. IEC/BCC Activities

1.3.1 The installation of Associations of Health Extension Workers (ARPV)

The installation process began in the first four months of the year (January-April) and has been very successful. The following were the major accomplishments:

- Training (technical and organizational) of local government ARPV in Thies, Louga and in the districts of Kaolack and Guinguineo
- Distribution of brochures and educational materials to all ARPV
- Integrated management tools provided to the ARPV to manage all IEC/BCC activities
- Draft of a learner's manual to be used as a handbook by members of the ARPV, once finalized
- Meetings were held respectively in Thies, Louga, Kaolack and in the district of Guinguineo, under the chairmanship of the regional chief doctor. Participants were members of the regional and district lead teams, representatives from the Reproductive Health Division and the US cooperating agencies (Disc-FHI-BASICS-MSH). During the meetings, conclusions of the training sessions were discussed, experiences and lessons learned were shared. The general purpose of this exercise is to agree and develop regional strategies aimed at supporting the ARPV.
- An information session was held in each of the 15 districts (Louga (5), Thies (8), Kaolack (1), and Guinguineo), explaining the purpose of ARPVs. These meetings provided an opportunity to particularly evaluate the training sessions, the contractual requirements of ARPVs, and the responsibilities of local authorities, the head physician or the head nurse in the implementation of financing procedures and the monitoring of prevention activities and health promotion by ARPV in their districts.
- Signature of the Provision of Service Contracts between 123 ARPVs and the different local government authorities.

1.3.2. Distant Training program of ARPVs

To date, 19 out of the 26 courses have been recorded. In order to ensure that the message was clearly received and that it conformed to the current programs, a workshop was organized regrouping IEC and health technicians. The workshop (August 1-6) provided an opportunity for discussion and clarification of issues. Observations from the meeting will be included in the final versions of the courses; the remaining 7 courses will also be recorded after they have been translated.

To measure the quality of distant learning and its impact on the populations, a protocol for an experimental study has been developed, while courses are being developed and recorded. This experimental study includes data collection tools (survey questions and a group discussion guide). These tools will be made available to the populations and the extensions of pilot sites selected as project's intervention zone.

A draft of the learner's handbook for target populations participating in this distant learning has been completed.

1.3.3. RH Training of service providers

To complete the RH training, 11 health workers (2 midwives and 9 nurses) out of the 16 that were expected received training (June 7-12, 2004). The project teamed up with the Division of Reproductive Health (DRH) and members of the lead team in the Louga medical region. At the end of the training session, each health worker received an IEC kit containing sample contraceptives, brochures, informational and educational materials.

1.3.4. National Integrated Maternal Health/Family Planning/STD/HIV/AIDS (MH/FP/STD/HIV/AIDS)

The purpose of this document is to provide a framework for a more coherent, and efficient collaboration among the different actors who are involved in reproductive health issues. Once finalized, it will serve as a reference document for program managers, operators and development partners involved in STD/HIV/AIDS (MH/FP/STD/HIV/AIDS) programs.

1.4. Political dialogue (PD) activities

1.4.1. *Monitoring of the implementation of RH training and education modules in teachers training schools (EFI)*

A second monitoring mission was conducted by a joint team from the Division of Primary Education of the Ministry of Education (DPE/ME) and the project to monitor the integration of reproductive health in the EFI competencies reference guide. The mission visited EFI in Ziguinchor, Kolda, Kaolack, Diourbel, Dakar, Thies, Louga and St. Louis. Four (4) evaluation grids were proposed to educational directors, EFI trainers, education volunteers, principals and teachers. The purpose was to gather opinions on the implementation of the modules. Lessons were learned and recommendations issued.

Lessons learned:

- Trainers found RH modules to be useful and very relevant. Education volunteers were very interested in the modules and have all expressed their commitment to be (health extension workers) in their respective intervention zones in the future.
- The implementation of RH modules helped strengthen cooperation between the different health structures (medical regions and health districts) and the EFI in some of the intervention zones.

In all of the EFI visited, people appreciated the implementation of the RH modules and the results. Indeed, at a quantitative level, the following table shows the number of people that received the RH message. They belong to the different target groups:

- Volunteers of education (VE): 3005 (315 Arabic-educated volunteers)
- EFI trainers; 74 (6 Arabic-educated trainers)
- Vocational school directors: 85
- Teachers: 388 (20 Arabic-educated teachers)

The diversity of people reached shows that the inclusion of RH in the EFI is beneficial and that the message reached the VE and beyond. In fact it reached 547 people, of which 74 trainers, 85 school principals, and 388 vocational school teachers. The conception of the modules implementation plan included these secondary targets. This inclusion was very relevant and needs to be highly appreciated.

As for recommendations, modules implementation strategies should be clearly defined for the current school year. These modules would have been taught by teams of three or five trainers, according to the school day model, multi-grade teaching or mono-grade teaching and throughout the various disciplines (general education, environmental studies, French teaching methods, social and home economics, introduction to research and action)

A capitalization seminar was held to strengthen what was accomplished and to continue innovating the school system, so that it may contribute to the promotion the RH and the fight against Maternal Mortality.

1.4.2. Capitalization workshop on the implementation of RH training and education in the EFI

The national capitalization workshop on the implementation of RH in the EFI was organized jointly by DEE/ME and DRH/MPH July 19-20. There were 45 participants (principals, educational directors of eight EFI, trainers (Arabic and French educated), resource persons in the school system. A representative from the Population Study Group (GEEP) and a representative from the national parents association also participated in the workshop. The major objective of the workshop was threefold:

- Share RH training and education modules implementation experiences in the EFI during the 2003-2004 school year. Through experience sharing, lessons learned and difficulties encountered will be identified and recommendations issued for the next stage.
- Propose coordinated implementation models of RH modules and their continued inclusion in the EFI programs.
- Develop for the 2004/2005 school year an implementation monitoring plan of the coordinated implementation models of the RH modules in the EFI and their application by the VE.

The general report of the workshop provides three conclusions that are the main results. These are:

- ✓ Propose coordinated implementation models of RH modules and their continued inclusion in the EFI programs;
- ✓ Elaborate an implementation monitoring plan of the coordinated implementation models of the RH modules in the EFI and;
- ✓ their application by the VE

1.5. Partnership

1.5.1. Collaboration between the CAs to coordinate ARPV activities

The accomplishments leading up the successful beginning of the ARPV activities were significant. However, considering the complexity and the magnitude of the task, it could not be completed on time. This is attributable to the lack of collaboration between USAID agencies (DISC, FHI, BASICS, and MSH) on one hand, and on the other hand between the different government entities.

1.5.2. Cooperation with the National Program for the Fight Against AIDS (PNLS)

The project continued to support PNLS for anti-malaria treatment policy change. The project actively participated in:

- The development of new biotherapy protocols and IPT
- Development of national guidelines on ITP and biotherapy for ECR, ECD, and providers
- The development of a training module draft on IPT
- The completion and the execution of a research protocol for the monitoring of the IPT implementation and the biotherapy. The parasitology laboratory of the university served as the pilot executing unit

1.5.3. Cooperation with FHI

1.5.3.1.1. Decentralization of Prevention of Mother-to-Infant Transmission of HIV (PMTCT) activities

Once PMTCT pilot project was evaluated, decentralized training tools were developed. The purpose of these tools was to help fully implement the project, starting with providers training. The project fully participated in the development of learning documents and materials and in the training of trainers. It shared its experiences in RH curricula development (prenatal consultation, contraceptive technologies). In the next phases, workshops on decentralized training will be conducted in Thies and in Kaolack.

1.5.3.1.2 Workshop on (Intra Uterine Device) IUD and contraceptive safety

IUD is a contraceptive method and its prevalence rate in Senegal has increased at the project start-up. It is one of the most cost-effective contraceptive methods. This method can greatly contribute to the project's sustainability. However, its prevalence rate has been dropping throughout the year and even dropped as low as 0.9% in 1999.

A group comprised of health professionals from the DRH, Development partners (OMS, UNFPA, JICA, USAID) and Cooperating Agencies (FHI, MSH, BASICS), Local NGOs (ASBEF, SWAA), regional RH women coordinators, health providers, and international experts issued recommendations. The recommendations were based on the results of an FHI (financed by USAID) study on the drop in IUD use in Senegal, but also on experiences from countries such as Tunisia and Kenya.

- Revitalize IUD in the larger strategy of repositioning RH in health programs that aim to reduce maternal and infant mortality
- Ensure greater safety of health commodities in general and the safety of contraceptives in particular

1.5.4. Collaboration with PNPD

The project was invited by the Parliamentary Network on Population and Development (PNPD) to participate in discussions held May 17-18 on parliamentary networks operation. This meeting was spearheaded by the President of the National Assembly with the support of the Fredric Ebert Foundation, and it included other networks and partners. Suggestions were made to refocus the actions of the different networks so they can be more visible, and also to increase collaboration with other actors of economic and social development.

1. DETAILED ACCOUNT OF THE IMPLEMENTATION OF THE ACTION PLAN MAY-SEPTEMBER 2004

Strategies	OP No.	Activities	Level	Status	Date	Problems/observations
RI 3.1.1	PAC 33	PAC training of head nurses in Kaolack trained in BEOC-Session 1	District	Completed	June 8-10	21 head nurses in Kaolack
RI 3.1.1	PAC 33	PAC training of head nurses in Kaolack trained in BEOC-Session 2	District	Completed	July 1-3	11 head nurses in Koungeul
RI 3.1.1	PAC 33	PAC training of head nurses in Thies trained in BEOC-Session 1	District	Completed	May 10-12	12 head nurses in Mbour, Thiès, Popenguine, Mékhé
RI 3.1.1	PAC 33	PAC training of head nurses in Thies trained in BEOC-Session 2	District	Completed	May 17-19	9 head doctors in Thiès, Mékhé, Joal.
RI 3.1.1	PAC 33	PAC training of head nurses in Thies trained in BEOC-Session 3	District	Completed	May 23-25	25 head nurses in Mbour, Thiès, Mékhé, Popenguine, Joal
RI 3.1.1	PAC 33	PAC training of head nurses in Louga trained in BEOC-Session 1	District	Completed	May 17-19	14 head nurses in Dahra, Linguère, Kébémér, Darou Mousty,
RI 3.1.1	PAC 33	PAC training of head nurses in Louga trained in BEOC-Session 2	District	Completed	June 8-10	28 head nurses in Dahra, Linguère, Kébémér, Darou Mousty
RI 3.1.1	PAC 33	PAC training of head nurses in Ziguinchor trained in BEOC-Session 1	District	Completed	July 13-15	23 head nurses in Ziguinchor
RI 3.1.1	PAC 33	PAC training of head nurses in Ziguinchor trained in BEOC-Session 2	District	Completed	June 28-30	16 head nurses in Bignona
RI 3.1.1	PAC 33	PAC training of head nurses in Ziguinchor trained in BEOC-Session 3	District	Completed	July 1-3	14 head nurses in Bignona
RI 3.1.1	PAC 33	Training of birth clinic providers in PAC/MVA	District	Completed	May 3-8	8 midwives in Ziguinchor, Bignona, Oussouye, Linguère and Nioro
RI 3.1.1	PAC 32	Training of birth clinic providers in PAC/MVA	District	Completed	May 10-15	12 midwives in Thiès, Joal, Popenguine, Thiadiaye, Mékhé, Ziguinchor, Bignona, Oussouye, Nioro, Dagana and Bambe
RI 3.1.1	PAC 32	Training of birth clinic providers in PAC/MVA	District	Completed	May 24-29	11 midwives in Thiès, Mékhé, Matam, Thiadiaye, Kaolack, Kaffrine, Mbacké, Joal, Popenguine

Strategies	OP No.	Activities	Level	Status	Date	Problems/observations
RI 3.1.1	PAC34	Training/orientation of birth attendants and PAC counselors in Dahra, Kébémér, Thiès, Khombole, Mbour, Tivaouane, Kaolack, Kaffrine, Kounghoul, Ziguinchor, Bignona	District	Not completed	June 11	Training curriculum not yet finalized
RI 3.1.1	PAC35	Revision of PAC (MVA/FP) records	District	Completed		
RI 3.1.1	SAA00	Development of a training guide	Central	Completed	June 30	Activity not initially included in the OP
RI 3.1.1	CLI 36	Training of providers in Prevention of Mother-To-Infant HIV Transmission	District	Not completed		Training modules not ready
RI 3.1.1	CLI 16	Dissemination of RH guidelines in Kounghoul	District	Completed	Aug 9-13	
RI 3.1.1	CLI 16	Dissemination of RH guidelines in Thiès for providers of Tivaouane, Khombole, Thiadiaye	District	Completed	June 15-18	
RI 3.1.1	CLI 52	Revision and validation of the supervision training grid	Central	Completed	July 12-15	
RI 3.1.1	CLI 53	Automate the supervision training grid	Central	Completed	July	
RI 3.1.1	CLI 54	Orientation of supervisors	Central	Completed	September	Kaolack (sept 13-17) et Ziguinchor (sept 20 -24.)
RI 3.1.1	CLI 55	Supervision visits+PI+SDP and community COPE	District	Completed	June 2-3	in Guinguinée
RI 3.1.1	CLI 56	Supervision1 + COPE/CRA	District	Not completed		Action plan put on hold during MH/FP project close out
RI 3.1.1	CLI 57	Supervision 2	District	Not completed		Action plan put on hold during MH/FP project close out
RI 3.1.1	CLI 58	Organization of accreditation ceremonies (integrating the privately supervised SDP)	District	Not completed		Action plan put on hold during MH/FP project close out
RI 3.1.1	CLI 59	Follow up of the FP, BEOC, post-natal monitoring (during supervision)	District	Completed	June 2-3	During supervision in Guinguinée

Strategies	OP No.	<i>Activities</i>	Level	Status	Date	Problems/observations
RI 3.1.1	CLI22	Training of head nurses in BEOC in Ziguinchor	District	Completed	May 3-8	12 participants
RI 3.1.1	CLI22	Training of head nurses in BEOC in Bignona	District	Completed	May 10-15 May 17-22	16 participants 16 participants
RI 3.1.1	CLI22	Training of head nurses in BEOC in Oussouye	District	Completed	May 24-29	16 participants
RI 3.1.1	CLI22	Training of head nurses in BEOC in Kaolack	District	Completed	May 10-15 May 17-22	12 participants 12 participants
RI 3.1.1	CLI23	Training of midwives in BEOC in Kaolack	District	Completed	June 14-19	14 participants
RI 3.1.1	CLI22	Training of head nurses in BEOC in Louga	District	Completed	May 31 – June 5	19 participants
RI 3.1.1	CLI23	Training of midwives in BEOC in Louga	District	Completed	June 28–July 3	5 participants
RI 3.1.1	CLI22	Training of head nurses in BEOC in Thiès (4 sessions)	District	Completed	July 19-24 and 26-31 August 9-14 and 23-28	16 participants 18 participants 20 participants 18 participants
RI 3.1.1	CLI23	Training of midwives in BEOC in Thiès	District	Completed	Sept 6-11 and 13-18	14 participants 12 participants
RI 3.1.1	CLI 27	Orientation of Regional and District Lead Teams on intermittent Presumptive treatment (ITP)	Regional	Completed	July	
RI 3.1.1	CLI 28	Training of providers in Joal in IPT	District	Completed	08/11-13 08/17-18	14 participants 25 participants
RI 3.1.1	CLI 28	Training of providers in Thiadiaye in IPT	District	Completed	08/17-18	27 participants
RI 3.1.1	CLI 28	Training of providers in Tivaoune in IPT	District	Completed	08/04-05	28 participants
RI 3.1.1	CLI 28	Training of providers in Popenguine in IPT	District	Completed	08/03-04	24 participants

Strategies	OP No	Activities	Level	Status	Date	Problems/observations
RI 3.1.1	CLI 28	Training of providers in IPT in Thies	District	Completed	07/14-15 08/24-25	35 participants 40 participants
RI 3.1.1	CLI 28	Training of providers in IPT in Mekhe	District	Completed	07/28-29	28 participants
RI 3.1.1	CLI 28	Training of providers in IPT in Mbour	District	Completed	08/12-14	27 participants
RI 3.1.1	CLI 28	Training of providers in IPT in Khombole	District	Completed	07/28-29	19 participants
RI 3.1.1	CLI 28	Training of providers in IPT in Louga	District	Completed	07/26-27	16 participants
RI 3.1.1	CLI 28	Training of providers in IPT in Darou Mousty	District	Completed	07/06-07	15 participants
RI 3.1.1	CLI 28	Training of providers in IPT in Dahra	District	Completed	07/08-09	18 participants
RI 3.1.1	CLI 28	Training of providers in IPT in Linguere	District	Completed	06/28-29	23 participants
RI 3.1.1	CLI 28	Training of providers in IPT in Kebemer	District	Completed	06/29-30	33 participants
RI 3.1.1	CLI 28	Training of providers in IPT in Kaolack	District	Completed	07/22-23 07/29-30 08/05-06 08/24-25	15 participants 28 participants 23 participants 15 participants
RI 3.1.1	CLI 28	Training of providers in IPT in Guinguineo	District	Completed		By the Fatick medical region
RI 3.1.1	CLI 67	Delivery of available medical supplies	District	Completed	June 09-11	For Guinguineo after the supervision
RI 3.1.1	CLI (B)	Training in contraceptive technology in Ziguinchor	District	Completed	July 19-24	24 participants
RI 3.1.1	CLI (B)	Training in contraceptive technology in Bignona	District	Completed	July 26-31	29 participants
RI 3.1.1	CLI (B)	Training in contraceptive technology in Oussouye	District	Completed	August 2-7	13 participants
RI 3.1.1	CLI (B)	Training in contraceptive technology in Kaffrine	District	Completed	July 19-24	3 participants
RI 3.1.1	CLI (B)	Training of providers in ANC in Ziguinchor	District	Completed	June 14-18	22 participants

Strategies	OP N°	Activities	Level	Status	Date	Problems/observations
RI 3.1.1	CLI (B)	Training of providers in prenatal consultation (CPN) in Bignona	District	Completed	June 21-25	30 participants
RI 3.1.1	CLI (B)	Training of providers in prenatal consultation (CPN) in Oussouye	District	Completed	June 28-July 2	25 participants
RI 3.1.1	CLI (B)	Training of providers in prenatal consultation (CPN) in Kaolack	District	Completed	June 14-18 and June 21-25 june	A total of 42 nurses of which 34 head nurses ; a 2 session training
RI 3.1.1	LOG	Supervision of district and regional warehouses, and hospitals	Central, Regional and district	Completed	July- September	
RI 3.1.1	LOG	Semi-annual review of CPT	Central	Completed	September 21-24	
RI 3.1.1	LOG	Order of material support for management	Central	Completed	September	
RI 3.2.1	POL 3	Implementation of RH modules in EFI	Regional	Completed	May	
RI 3.2.1	POL 3	Implementation of RH modules in EFI in Saint-Louis	Regional	Completed	May	Monitoring by MEO June 20-26 j
RI 3.2.1	POL 3	Implementation of RH modules in EFI in Thiès	Regional	Completed	May	Monitoring by MEO June 20
RI 3.2.1	POL 3	Implementation of RH modules in EFI in Kolda	Regional	Completed	May	Monitoring by MEO June 20
RI 3.2.1	POL 3	Implementation of RH modules in EFI in Kaolack	Regional	Completed	May	Monitoring by MEO June 20
RI 3.2.1	POL 3	Implementation of RH modules in EFI in Ziguinchor	Regional	Completed	May	Monitoring by MEO June 20
RI 3.2.1	POL 3	Implementation of RH modules in EFI in Diourbel	Regional	Completed	July	Monitoring by MEO June 20: postponed due to time conflict
RI 3.2.1	POL 3	Implementation of RH modules in EFI in Dakar	Regional	Completed	May	
RI 3.2.1	POL 63	Monitoring and evaluation of the implementation of RH modules in EFI	Regional	Completed	June 14-16 and 20-26	

Strategies	OP N°	Activities	Level	Status	Date	Problems/observations
RI 3.1.1	POL	Advocacy day on supervision and quality of service	Central	Not completed		Supervision and accreditation tools not yet finalized
RI 3.2.1	POL 6	Presentation of the « quality » approach at the supervised districts levels 2003 +Advocacy to local CS and CBO representatives to increase resources destined to supervision (during the first supervision)	District	Not completed		Accreditation tools not yet finalized, AP put on hold during project close-out
RI 3.2.1	POL 7	Presentation of the « quality » approach at the supervised districts levels 2003 +Advocacy to local CS and CBO representatives to increase resources destined to supervision (during the second supervision)	District	Not completed		Idem
RI 3.2.1	POL 8	Advocacy to private partners	Regional	Not completed		AP put on hold during MHFP Project close-out
RI 3.2.1	POL 9	Advocacy to decision makers in the private medical and paramedical sector.	District	Not completed		AP put on hold during MHFP Project close
RI 3.2.1	POL 10	Advocacy to decision makers in the in the public and parapublic sector	Central	Not completed		AP put on hold during MHFP Project close
RI 3.2.1	POL 11	Advocacy to decision-makers in the Pharmaceutical industry	Central	Not completed		AP put on hold during MHFP Project close
RI 3.2.1	POL 12	Re-launch the EFI survey during the preparation of the advocacy sessions	District	Not completed		AP put on hold during MHFP Project close
RI 3.2.1	POL 13	Advocacy for the control of the effective application of key drugs and contraceptives prices	Central	Not completed		AP put on hold during MHFP Project close
RI 3.2.1	IEC 39	Training of the 123 ARPV	District	Completed	May -June	AP put on hold during MHFP Project close
RI 3.2.1	IEC 41	Radio distance learning : recording of courses	Central	On-going		AP put on hold during MHFP Project close
RI 3.2.1	IEC 56	Completion and recording of distance learning courses	Central	On-going		

Strategies	OP N°	Activities	Level	Status	Date	Problems/observations
RI 3.2.1	IEC 42	Finalize distant learning educational materials	Central	On-going		AP implementation put on hold during MHFP Project close
RI 3.2.1	IEC 43	Broadcasting contract with radio stations	Central	Not completed		AP implementation put on hold during MHFP Project close
RI 3.2.1	IEC 44	Orientation of ARPV and program support	District	Not completed		AP implementation put on hold during MHFP Project close
RI 3.2.1	IEC 45	Beginning of Distant learning	District	Not completed		AP implementation put on hold during MHFP Project close
RI 3.2.1	IEC 46	Training of head nurses on using Flanellographe	District	Not completed		AP implementation put on hold during MHFP Project close
RI 3.2.1	IEC 47	Training of AHWE and OL on using Flanellographe	District	Not completed		AP implementation put on hold during MHFP Project close
RI 3.2.1	IEC 69	Order IEC educational material	Central	Not completed		AP implementation put on hold during MHFP Project close
RI 3.2.1	IEC 71	Finalize the national strategy on BCC MHFP	Central	Not completed		AP implementation put on hold during MHFP Project close
RI 3.2.1	IEC 72	Production of flanellographe	Central	On-going		AP implementation put on hold during MHFP Project close
RI 3.2.1	IEC 73	Production of educational materials	Central	Not completed		AP implementation put on hold during MHFP Project close
RI 3.2.1	IEC 83	Evaluation of the impact of radio distance learning program on ARPV	District	Not completed		AP implementation put on hold during MHFP Project close

3. MHFP Project Close-out

The MHFP project was scheduled to end in May 2005. Since the mid-year evaluation in November 2003, it appeared however that the deadline could not be met. In addition, the following factors indicated that the project could not be closed as scheduled:

- The fall in the exchange rate of the US dollar. It fell below 500 FCFA, leading to a reduction in the project's financial capabilities;
- The recommendation issued by SO3 requiring that the project maintain an implementation rate similar to the 2003 rate when the project implementation was accelerated;
- The planning by SO3 of a new project in October of 2004 to carry on the activities of the Maternal Health and Family Planning Project until October 2006.

In anticipation to project close-out, all necessary measures were taken to ensure a smooth process. The following were some of the major activities:

- Maintain clear communication with USAID: this process has been strengthened since the restitution of the MHFP mid-term evaluation in November of 2003. It involved SO3 and RCO. The goal was to reach an agreement on the MHFP project close-out.
- Review the Senegalese labor laws to ensure the project close-out conforms to the laws, particularly as they relate to employee rights. A consultant specializing in Senegalese labor laws and employee rights was hired to provide feedback into the process so to avoid liabilities that may hinder the credibility of MSH.
- Send all requested information regarding MHFP project close-out to the Department of Labor, as advised by the consultant.
- Have an information meeting with project staff to share information on project close-out. Obtain feedback and provide necessary clarification.
- Provide to each staff member a termination letter three months prior to project close-out (scheduled for September 30, 2004), as prescribed by the labor code.
- Update and send to SO3 an inventory of MHFP project equipment.
- Implement the last major activities of the project's action plan.
- Pay salaries and severances of local employees.
- Update the project's budget pipeline and send a report to USAID and discuss the utilization of the remaining funds.
- Send all project accounting records to MSH in Boston for archiving.
- Determine a transition period with SO3 and RCO based on project remaining funds and the end of the agreement with USAID-MSH (October 1 to December 2004).
- Have consultants implement major activities.

4. The transition period

To ensure the continuation of the Maternal Health and Family Planning activities after project close-out, a two-month transition period was agreed upon to continue the activities that were considered important by the Division of Reproductive Health. These activities were: Prevention of Mother-to-Infant Transmission of HIV, RH logistics and supervision training.

4.1. PMTCT

The following activities were completed in collaboration with FHI, the AIDS Division and DRH:

- Educational visits to Cameroon (October 4-10), Rwanda (October 17-20) to learn from these countries experiences in PMTCT.
- Technical meeting to develop training of trainers modules to decentralize PMTCT activities
- Field visits to the districts of Kaolack and Thies to help them prepare for PMTCT activities implementation.

4.2. RH commodities

- Quarterly supply of medical regions and districts in contraceptives in October.
- Participation in the Wouida (Benin) workshop on RH commodities safety (September 26-October 2004).

4.3 Formative supervision

Visits to 31% of SDP (12) of the district of Kaolack were conducted from November 29 to December 2, 2004. The material needed was identified during the supervision, and some of the needs were filled using the current equipment stock.

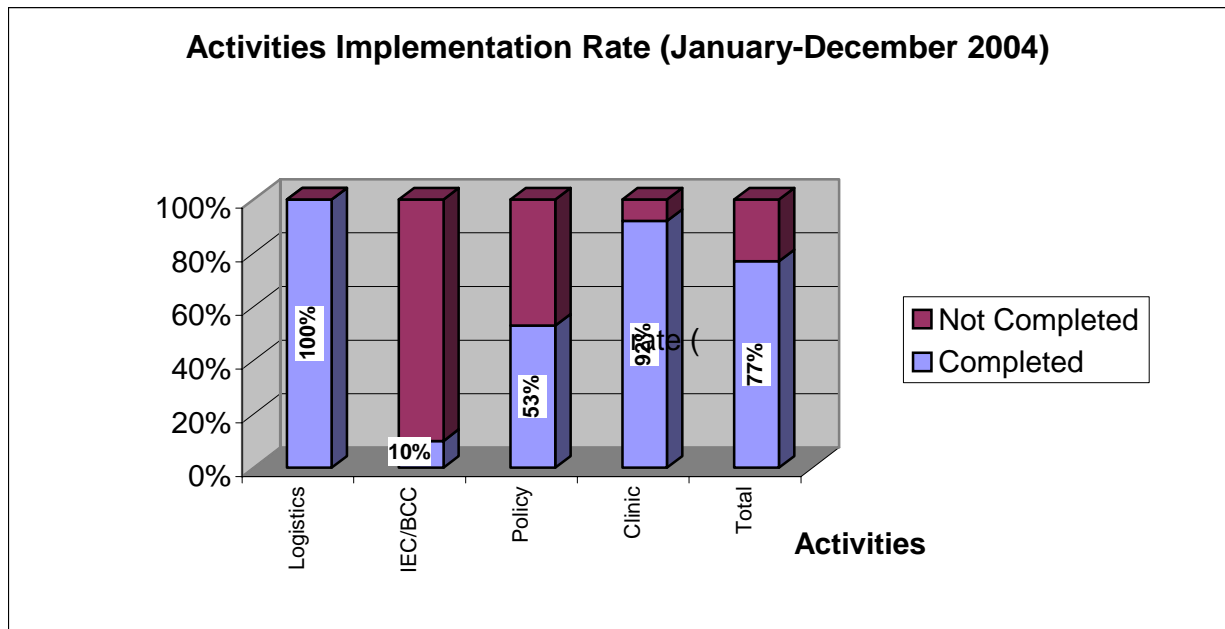
B. SECTION II

This section concerns the implementation of the annual action plan. It is also about project accomplishments in 2004 (January through December).

1. Project completed during the implementation of the project's action plan.

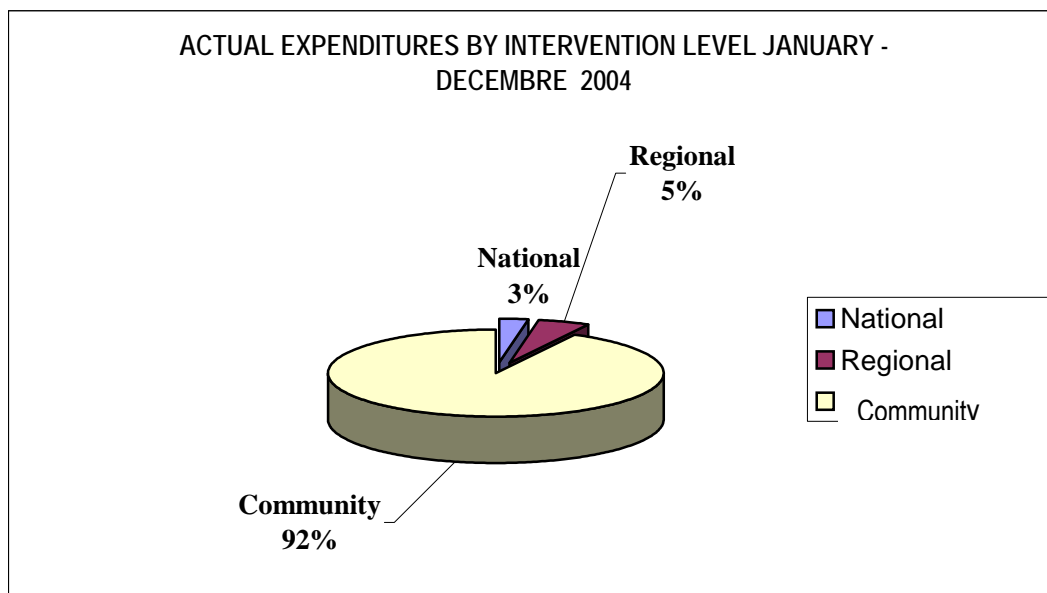
Since the beginning of the year (January through December) 77 % of activities were completed (see graph 1). This completion rate is similar to the 2003 rate which was 76.14%, an indication that the SO3 recommendation not to reduce the implementation rate despite the planning of a premature project close-out were taken into account.

Graph 1



92% of expenses were conducted at the community level (Graph 2)

Graph 2



2. Major Accomplishments

2.1. Increased access to quality Maternal Health and Family Planning Services (KIR 3.1)

2.1.1. Strengthening of providers technical competencies in maternal health (family planning, prenatal counseling, emergency obstetric care) through:

- Dissemination of policy documents, norms and protocols in all 24 districts of the 6 target regions.
- Completion of providers training in:
 - 21 districts: 150 received training in prenatal counseling, 294 received training in emergency obstetrical care, 431 in intermittent preventive treatment and 220 in post abortion care;
- 24 districts: 156 providers received training in family planning and 51 warehouse managers in drug storage management.

The head nurses benefited the most from this increased technical competency since they cover the rural areas. 80% of providers to have received training are the head nurses.

2.1.2. Definition and implementation of a formative training approach in 17 district SDP (4 regions) to include some major innovation:

- Utilization of an integrated, qualitative, quantitative and dynamic grid with emphasis on teamwork and support to trained health workers
- It is quality service driven, integrating COPE and prevention of infections
- It adopted the participative community approach, since the community will ensure the continuation of quality service.

The major accomplishment was the update and increase in the quality of SDP through a variety of activities:

- Evaluation of the SDP usefulness
- SDP furniture and medical supplies
- Strengthening of providers' technical and managerial capabilities
- Implementation of SDP quality improvement plan

2.1.3. Definition and implementation of new malaria prevention policy for pregnant women:

intermittent presumptive treatment (IPT) through sulfadoxine-pyrimethamine (SP) and use of impregnated mosquito net are currently some of the strategies implemented in prenatal counseling.

2.1.4. Contraceptives supply is still efficient

- Shortage in supplies attributable to managers is low.
- IMAT indicators are improving in supervised districts
- Couple-year-protection is improving: for the majority of programs with USAID financed-contraceptives. The 2004 CYP is 230,513, an 8.40% increase from 2003 (see annex 3).

2.2. Increased demand for quality maternal health and family planning services (KIR 3.2)

The following accomplishments deserve to be mentioned:

- RH providers now display a new attitude toward clients' satisfaction and respecting their rights.
- Progressive introduction of counseling and community activities in SDP.
- Involvement of the populations in the improvement of the quality of service (men, women, and youths) by participating in the planning, the implementation and the monitoring of SDP quality action plans.
- Information campaigns initiated and conducted by Women's Promotion Groups (GPF) or community extensions have led to a new sense of ownership by the community of prevention activities and the promotion of RH services.
- Strengthening of MH/FP programs, particularly with the creation of the Association of health extension worker (Relais Polyvalents (ARPV)) and the involvement of journalists (newspaper articles and radio and T.V. programs) and artists (songs, sketches).
- Rehabilitation/valorization (W3 Game and Flanellographe) to familiarize the populations with morbid factors and pregnancy, delivery and post partum danger signs.
- Systematization of the multi media approach by combining different means of mass communication (radio, print), as well as interpersonal activities (group work, individual meetings and social mobilization).
- Accomplishments: training curricula (RH integrated training curriculum for the health extension workers, RH integrated training curriculum for service providers and counselors, curriculum for post abortion care counseling training for SDP community staff; draft of a national IEC/BCC/Maternal health/family planning/STD/HIV/AIDS strategy document; draft of integrated RH integrated tools ARPV activities monitoring.
- Seek commitment from policy makers (national directors, members of the oversight body, principals and teachers) opinion leaders (Parents and union leaders) in the education field to be involved in the promotion of maternal health through:
- The introduction of RH issues in the competencies reference guide of Teachers Training Schools (EFI)
- Putting in place a national network of clubs/EVF (a framework for RH issues) of 250 units covering 80% of the map of high schools and colleges in Senegal.
- Reliable and operational networking with parliamentarians, religious leader, and journalists specializing in population activities to advocate for the promotion of a safe delivery.
- Greater collaboration (in the district of Kaolack) between public and private structures (within the health sector: sharing of periodic reports, include individuals in training and (recycling) sessions and a greater involvement of SDP in RH service delivery.

C. Challenges

1. To ensure access to quality maternal and family planning services, great efforts have been deployed to strengthen the capabilities of providers in key RH sectors through training and mostly formative supervision. However, the absence of a national functional supervision and the lack of a strong leadership at all levels have hindered the sustainability of this intervention.
2. Despite the training of all providers in the 21 districts in IPT, malaria prevention for pregnant women has not been effective. This is attributable to:
 - The availability of Sulfadoxine-Pyrimethamine in prenatal service is not yet ensured;

- The lack of clear and official directives for the inclusion of Sulfadoxine-Pyrimethamine in prenatal health packet compromises the application of directly observed treatment, in other words the effectiveness of IPT;
 - Inaccessibility of pregnant women to impregnated mosquito net.
3. The prevention of mother-to-infant transmission of HIV (PMTCT) remains a priority in the efforts to reduce maternal and infant morbid-mortality. Nonetheless, major delays were noticed in the decentralization efforts. These are attributable to the lack of a clear vision regarding the approach to adopt and the roles and responsibilities between the AIDS division and the RH division and the implementation of the PMTCT.
 4. The premature close-out of the project delayed the implementation of an effective accreditation system of service delivery points.

CONCLUSION

Despite numerous challenges, the project has contributed to building the capacities of health providers and strengthening the technical abilities of the district SDP. Considering the different development phases of a program, we believe that in order for Senegal to transition from the growth phase to a maturity phase, efforts must be centered on performance improvement. This can be achieved through the implementation of a national accreditation system of service delivery points based on:

- Community participation and support
- Utilization of formative supervision as a performance evaluation tool

These efforts will help make health structures of SDP fully functional in the long run.

ANNEXES

- Annex 1: Missions Abroad
- Annex 2: List of equipments distributed
- Annex 3: Couple Year Protection and Logistical Indicators for District Drug Warehouses in 2004
- Annex 4: Project Monitoring and Evaluation Plan Indicators

ANNEX 1

EXTERNAL MISSIONS

Malcolm Bryant, Project Support Leader (PSL) is based in MSH offices in Boston:

- Conducted a Technical support mission (January 12-23, 2004) to develop MHFP last plan of action
- Technical support mission (June 18-21) to develop an automated supervision grid and test it with the Personal Digital Assistant (PDA) during supervision

Greg Rodway, consultant at MSH came to Senegal (July 13-23) to assist the project with the supervision grid's software and its utilization with the PDA. He also facilitated the workshop on the integrated supervision grid.

Rinn Self, administrative backstop at MSH, came to Senegal on a mission (August 01-13, 2004). She worked with the project team members to update the project's equipment inventory. She also worked with chief accountant to get a better understanding of the field expenses and the project's financial information in order to integrate local expenditures in Solomon, the system used in Boston

Joseph Deering, Senior Policy Advisor at the "Futures Group International" (TFGI) presented the "The Safe Motherhood Model". "The Safe motherhood Model" is a model designed by TFGI in forty countries, including Senegal. It is a decision making tool in the fight against maternal mortality.

Pape Baba Lyssa Ndao, specialist in drugs logistics of the MHFP project has participated in 2 missions:

- In Amsterdam where he participated in a training conducted by IDA in collaboration with MSH on drug management. The training was held from September 6-18, 2004.
- In Wouida (Benin), he participated in the workshop on the safety of reproductive health products. The workshop was organized by AWARE-RH October 2004.

Aminata Niang and Woury Kane Ba, project regional coordinators for Dakar and Thies. They participated in field studies in Cameroon to learn from the country's PMIT decentralization experience. The field studies took place October 4-10, 2004.

Philippe Moreira, specialist in RH. He participated in the field studies to Rwanda to learn from the country's PMIT decentralization experience. The field studies took place October 17-22, 2004.

Fatim Thiam Tall and Faty Thioube Ndiaye, program assistant in charge of PAC activities and project regional coordinator in Louga. They participated in the 8th African Society of Gynecology and Obstetrics Congress (ASGOC). The meeting was held at Cotonou Congressional Palace in Benin. Fatim presented the project's involvement in PAC decentralization activities.

ANNEX 2

LIST OF EQUIPMENTS DISTRIBUTED
(see following pages)

Annex 2
Management Sciences for Health
Livraison des Equipements Médicaux

Livraison EQUIPEMENTS

District :	Popenguine	Popenguine	Popenguine	Popenguine	Popenguine	Joal	Joal	Joal	Joal	Joal	Dahra	Dahra	Dahra	Dahra	Dahra	Dahra	Dahra
Poste :	Diass	Dagga	Tchiky	Guereo	CS	Fadial	Ngueniene	Santhie	Fadiouth	CS	Dahra	Tesserre	Diali	Mbeuleukhe	Widou Thiengoly	CS	Boulai
Description																	
Table d'examen gynécologique																	
Stéthoscope obstétrical				1													1
Stéthoscope médical à double pavillon													1				
Tensiomètre velcro simple pour adulte			1		1								1		1		
Pèse-personne avec toise	1		1	1	1			1		1		1	1				
Pèse-bébé portée 20kg			1	1						1					1		
Masque bébé+ballon			1	1		1	1		1	1			1			1	1
Masque adulte										1			1			1	1
Tambour 190X150mm					1												
Boîte métallique pour gants 150X150mm													1				
Boîte métallique pour doigts 150X150mm	1	1	1	1	1	1	1	1	1	1		1	1				
Haricot inox 280mm	1	1	1	1	1	1	1	1	1	1							
Boîte à instruments +couvercle 250X120X60																	
Source de lumière froide (lampe médicale sur pied)													1	1	1	1	1
Tabouret réglable			1	1			1			1			1	1	1		1
Escabeau 2 marches			1				1										
Poubelle à pédale 14 litres			1	1	1					1					1		
Boîte accouchementet épisiotomie		1	1	1		1	1		1		1	1	1			1	1
Valve vaginale										1							
Bassin de lit inox			1					1									
Poupinel 20 litres		1	1			1	1		1								1
Poupinel électronique 60 litres																1	
Spéculum de Grave 75X20mm										1							
Spéculum 95X30mm										1							
Spéculum 105X33mm										1							
Autoclave										1						1	
Aspirateur manuel à pied											1		1				1
Aspirateur électrique																	
Chargeur de batterie																	
Masque nouveau né N°0 pour faible poid sou N°1B/10																	
Ventouse													11	2	5	1	

Annex 2
Management Sciences for Health
Livraison des Equipements Médicaux

Livraison EQUIPEMEN

	Dahra	Dahra	Mekhe	Mekhe	Mekhe	Mekhe	Mekhe	Mekhe	Mekhe	Mekhe	Mekhe	Tivaoune	Tivaoune	Tivaoune	Tivaoune	Tivaoune	Tivaoune	Tivaoune	Tivaoune	Tivaoune
	Mboula	Sagatta Djoloff	CS	Merina Dakhar	Pekess	Koul	Niakhe	Ngandiouf	Diemoul	Mbayene	Thilmaka	CS	Dioggo	Pire	Fass Boye	Ndiassane	Meouane	Khoudoss	Diamaguene Mboro	CS2
Description																				
Table d'examen gynécologique																				
Stéthoscope obstétrical																				
Stéthoscope médical à double pavillon																		1		
Tensiomètre velcro simple pour adulte																		1		
Pèse-personne avec toise									1	1	1								1	
Pèse-bébé portée 20kg							1				1				1	1				
Masque bébé+ballon		1	1	1			1	1	1	1	1	1	1	1		1		1		1
Masque adulte		1	1	1			1	1	1	1	1	1	1	1		1	1	1		1
Tambour 190X150mm			1									1								
Boîte métallique pour gants 150X150mm		1		1	1	1	1	1	1	1	1	1	1			1		1		
Boîte métallique pour doigts 150X150mm		1		1	1	1	1	1	1	1	1	1	1			1		1		
Haricot inox 280mm																				
Boîte à instruments +couvercle 250X120X60																				
Source de lumière froide (lampe médicale sur	1	1		1	1					1										
Tabouret réglable	1		1		1		1	1	1	1	1		1			1		1	1	1
Escabeau 2 marches					1	1	1	1	1	1	1					1		1		
Poubelle à pédale 14 litres				1	1	1	1	1		1		1	1					1	1	1
Boîte accouchementet épisiotomie		1			1		1	1			1		1	1		1		1		
Valve vaginale																				
Bassin de lit inox																				
Poupinel 20 litres		1		1	1		1				1			1		1	1			
Poupinel électronique 60 litres												1								
Spéculum de Grave 75X20mm																		1		1
Spéculum 95X30mm																		1		1
Spéculum 105X33mm																		1		1
Autoclave																				
Aspirateur manuel à pied		1		1	1	1		1		1			1			1				
Aspirateur électrique			1									1								1
Chargeur de batterie			1									1								1
Masque nouveau né N°0 pour faible poids sou																				
Ventouse			1									1								

Annex 2
Management Sciences for Health
Livraison des Equipements Médicaux

Livraison EQUIPEMEN

	Tivaoune	Tivaoune	Tivaoune	Khombole	Khombole	Khombole	Khombole	Khombole	Khombole	Khombole	Khombole	Khombole	Khombole	Darou Mousty	Darou Mousty	Darou Mousty	Darou Mousty	Louga	Louga
	Darou Alpha	Cherif Lo	Mboro1	CS	Toubatoul	Thienaba	Kaba	Ndiayane	Ndoucou mane	Ndiakhou	Goundiane	Diack	Sirakh	CS	Darouwakhaf	Ndoyene	Fass-Toure	Pete Warak	Thiamene
Description																			
Table d'examen gynécologique					1								1						
Stéthoscope obstétrical																			
Stéthoscope médical à double pavillon								1	1										
Tensiomètre velcro simple pour adulte								1	1										
Pèse-personne avec toise					1		1		1		1	1					1	1	
Pèse-bébé portée 20kg	1							1											
Masque bébé+ballon	1		1											1			1	1	
Masque adulte	1		1											1			1	1	
Tambour 190X150mm				1										1					
Boîte métallique pour gants 150X150mm	1	1		1		1	1	1	1	1	1		1			1			
Boîte métallique pour doigts 150X150mm	1	1		1		1	1	1	1	1	1		1			1			
Haricot inox 280mm																			
Boîte à instruments +couvercle 250X120X60																			
Source de lumière froide (lampe médicale sur		1						1			1	1	1					1	
Tabouret réglable			1	1	1		1				1	1				1		1	
Escabeau 2 marches					1		1												
Poubelle à pédale 14 litres	1				1	1	1	1	1	1									
Boîte accouchementet épisiotomie	1	1		1	1	1	1	1		1	1		1						
Valve vaginale																			
Bassin de lit inox																			
Poupinel 20 litres			1		1	1	1		1	1	1	1			1	1			1
Poupinel électronique 60 litres				1															
Spéculum de Grave 75X20mm		1						1											
Spéculum 95X30mm		1						1											
Spéculum 105X33mm		1						1											
Autoclave				1															
Aspirateur manuel à pied	1		1			1	1	1	1	1	1		1	1		1	1	1	
Aspirateur électrique				1										1					
Chargeur de batterie																			
Masque nouveau né N°0 pour faible poid sou																			
Ventouse				1										1					

[illegible]

[illegible]

[illegible]

[illegible]

TOTAL

[illegible]

ANNEX 3

COUPLE-YEAR-PROTECTION AND
DISTRICT WAREHOUSES LOGISTICAL INDICATORS IN 2004
(see following pages)

CYP from January 2004 through December 2004

DRH

USAGE

PRODUCTS	Semester 1 2004	Semester 2 2004	TOTAL	CYP
Condom	394781	398762	793543	6586
Conceptrol	116016	97595	213611	1773
Copper T, 380	2539	1354	3893	13626
Depo-Provera	119731	118110	237841	59460
Lo-Femenal	255997	237038	493035	32885
Neo-Sampooon	0	0	0	0
Neogynon	30439	15189	45628	3043
Norplant	2872	2377	5249	18372
Ovrette	60802	54094	114896	7664
TOTAL				143409

ASBEF

USAGE

PRODUCTS	Semester 1 2004	Semester 2 2004	TOTAL	CYP
Condom	207159	329917	537076	4458
Conceptrol	61489	31532	93021	772
Copper T, 380	236	240	476	1666
Depo-Provera	9430	12760	22190	5548
Lo-Femenal	15149	24924	40073	2673
Neo-Sampooon	0	0	0	0
Neogynon	2239	1088	3327	222
Norplant	239	164	403	1411
Ovrette	7996	9534	17530	1169
TOTAL				17918

ADEMAS

USAGE				
PRODUCTS	Semester 1 2004	Semester 2 2004	TOTAL	CYP
Securil	39312	23760	63072	4207
Condom	2646213	1903593	4549806	37763
TOTAL				41970

PRODUCTS	Semester 1 2004	Semester 2 2004	TOTAL	CYP
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DLS

USAGE				
PRODUCTS	Semester 1 2004	Semester 2 2004	TOTAL	CYP
Condom	1489849	1789168	3279017	27216
				27216
C Y P T O T A L =				230513

Note : The Securil data were not included in previous CYPs. Data were provided during the 2005 CYP. Securil is included in the pipeline starting this year.

District Warehouse logistical indicators

INDICATORS	SEMESTER I 2004	SEMESTER II 2004
I. % of district warehouse managers who keep management tools up-to-date	75% (38 districts out 51)	73% (37districts out 51)
II. % of district Warehouses which have not had any shortages in contraceptives in the last semester	56% (29 districts out 51)	55% (28 districts out 51)
III. % of district warehouses which have not had any shortages in contraceptives attributable to management	84% (43 districts out51)	88% (45 districts out 51)

N°	Indicators	Criteria	Districts (n)	Baseline Data	Goal	Observation	Data Source
1	Percentage of SDP warehouse managers to have received training in drug storage management	Numerator=number of warehouse managers to have received training using project courses or other similar courses ; denominator (n)= total number of SDP warehouse managers	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)	73 % 58 % 83 % 25 % 45 % 07 % 92 % ND 12 % 17 % 17 % 00 % 25 %	100%		Supervision grid
2	Percentage of SDP warehouse managers who follow storage guidelines	Numerator= number of SDP warehouse managers who follow 80% of drug storage management; denominator (n) = total number of SDP warehouse managers visited	Thiès (24) Mbour (7) Joal (5) Popenguine (2) Khombole (5) Tivaouane (1) Mekhé (11) Thiadiaye Louga (3) Kébémér (2) Dahra (2) Darou Mousty (0) Linguère (2)	08 % 57 % 20 % 00 % 00 % 100 % 27 % ND 33 % 50 % 00 % 00 % 00 %	100%		Supervision grid
3	Percentage of SDP warehouse where the « PICS » is available 90% of the days in the last quarter (PICS= pills, injections, condoms, spermicide)	Numerator= Percentage of SDP warehouse where the « PICS » is available 90% of the days in the last quarter; denominator (n)=number of SDP warehouses visited	Thiès (24) Mbour (7) Joal (5) Popenguine (2) Khombole (5) Tivaouane (1) Mekhé (11) Thiadiaye Louga (3)	93 % 96 % 100 % 90 % 96 % 96 % 96 % ND 100 %	100%		Supervision grid

N°	Indicators	Criteria	Districts (n)	Baseline Data	Goal	Observation	Data Source
			Kébémér (2) Dahra (2) Darou Mousty (0) Linguère (2)	100 % 100 % 00 % 50 %			
4	Percentage of SDP warehouse where anti-malaria drugs are available at least 90% of the days in the last quarter	Numerator=number of SDP warehouses where anti-malaria drugs are available 90% of the days in the last quarter; denominator (n)=number of SDP warehouses observed	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)		100%	IMAT improperly done	Supervision grid IMAT
5	Percentage of district warehouse managers who have received training and keep management tools up-to-date	Numerator= Percentage of district warehouse managers who have received training and keep management tools up-to-date; denominator (n)=number of district warehouse managers who have received training	Dakar (8) Thiès (8) Saint-Louis (4) Kaolack (4) Louga (5) Diourbel (4) Fatick (5) Kolda (3) Ziguinchor (3) Tambacounda (4) Matam (1)	88 % 88 % 100 % 100 % 100 % 25 % 60 % 33 % 100 % 25 % 00 %	100%		Logistics supervision grid in the districts
6	Percentage of district warehouse managers in the SDP who have received training and keep management tools up-to-date	Numerator= Percentage of district warehouse managers who have received training and keep management tools up-to-date; denominator (n) = number of district warehouse managers in the SDP who have received training	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12)	03 % 14 % 17 % 00 % 00 % 00 % 17 %	100%		Supervision Grid

N°	Indicators	Criteria	Districts (n)	Baseline Data	Goal	Observation	Data Source
			Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)	ND 00 % 00 % 00 % 00 % 00 %			
7	Percentage of district drug warehouses without shortages in the last quarter	Numerator = number of district drug warehouses without shortages in the last quarter; denominator (n) = number of district drug warehouses	Dakar (8) Thiès (8) Saint-Louis (4) Kaolack (4) Louga (5) Diourbel (4) Fatick (5) Kolda (3) Ziguinchor (3) Tambacounda (4) Matam (1)	38 % 100 % 100 % 00 % 60 % 50 % 40 % 33 % 67 % 75 % 00 %	100%		District's logistical supervision grid
8	Percentage of district drug warehouses without shortages in contraceptives attributable to management throughout the year	Numerator = number of district drug warehouses without shortages in contraceptives attributable to management throughout the year; denominator (n) = number of district drug warehouses	Dakar (8) Thiès (8) Saint-Louis (4) Kaolack (4) Louga (5) Diourbel (4) Fatick (5) Kolda (3) Ziguinchor (3) Tambacounda (4) Matam (1)		100%	Not well recorded	District's logistical supervision grid
9	Percentage of SDP depositories without shortages in contraceptives attributable to management throughout the year	Numerator = Number of SDP depositories without shortages in contraceptives attributable to management throughout the year; denominator (n) = number of SDP drug warehouses	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12)			Not well recorded	Supervision grid

N°	Indicators	Criteria	Districts (n)	Baseline Data	Goal	Observation	Data Source
			Thiadiaye ND Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)				
10	Percentage of mothers in the districts who have had at least a post natal consultation six weeks after delivery.	Numerator = number of first postnatal consultation in the district (defined as consultation within 42 days of delivery)-last quarter; denominator (n) = number of live birth in the last quarter in the district	Thiès (3022) Mbour (3423) Joal (919) Popenguine (570) Khombole (1152) Tivaouane (2181) Mekhé (915) Thiadiaye Louga (1594) Kébémér (916) Dahra (593) Darou Mousty (471) Linguère (546)	26% 05 % 10 % 08 % 17 % 17 % 39 % ND 16 % 70 % 52 % 75 % 10 %	50%		Supervision Grid
11	Number and percentage of SDP offering FP Services	Numerator = number of SDP offering FP services at the time of supervision visit; denominator (n) = number of SDP	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)	91 % 100 % 83 % 100 % 91 % 100 % 100 % ND 92 % 100 % 100 % 100 % 100 %	100%		Supervision Grid
12	Percentage of service providers who follow the national family planning administration guidelines	Numerator = number of SDP visited that follow 80% of the national FP adaptation guidelines;	Thiès (14) Mbour (10) Joal (5)	52,9 % 49,9 % 44 %	100%		Supervision Grid

N°	Indicators	Criteria	Districts (n)	Baseline Data	Goal	Observation	Data Source
		denominator(n) = number of SDP recently visited	Popenguine (4) Khombole (4) Tivaouane (8) Mekhé (4) Thiadiaye Louga (11) Kébémér (2) Dahra (5) Darou Mousty (2) Linguère (2)	26,6 % 37,4 % 37,9 % 34,4 % ND 31,59 % 46,95 % 62,7 % 52,82 % 43,60 %			
	Percentage of SDP that follow ANC guidelines	Numerator = number of SDP that follow 80% ANC guidelines during the most recent supervision visit; denominator (n) = number of SDP where ANC services existed during the same period.	Thiès (25) Mbour (17) Joal (4) Popenguine (5) Khombole (6) Tivaouane (13) Mekhé (8) Thiadiaye Louga (19) Kébémér (11) Dahra (9) Darou Mousty (6) Linguère (7)	56,4 % 58,4 % 54,5 % 39,2 % 52,9 % 55,8 % 43,3 % ND 49,93 % 52,65 % 60,03 % 57,64 % 47,82 %	100%		Supervision Grid
	Percentage of FP services providers who follow the FP counseling guidelines	Numerator = number of FP SDP that follow 80% of the counseling steps ; denominator (n) = number of FP SDP where FP services where during the most recent supervision visit	Thiès (13) Mbour (6) Joal (2) Popenguine (2) Khombole (5) Tivaouane (8) Mekhé (4) Thiadiaye Louga (7) Kébémér (8) Dahra (3) Darou Mousty (3)	62,1 % 38,9 % 35,2 % 29,8 % 55,1 % 45,8 % 41,7 % ND 44,33 % 51,86 % 46,75 % 33,92 %	100%		Supervision Grid

N°	Indicators	Criteria	Districts (n)	Baseline Data	Goal	Observation	Data Source
			Linguère (4)	45,92 %			
13	Percentage of SDP where national guidelines on prevention of infections are followed	Numerator = Number of SDP where 80% guidelines on prevention of infections are followed, during the most recent visit; denominator (n) = number of SDP visited	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)	32,7 % 25,7 % 14,9 % 7,7 % 12,6 % 30,7 % 39,3 % ND 19,47 % 34,57 % 20,92 % 23,55 % 11,02 %	100%		Supervision Grid
14	Percentage of SDP where COPE has been introduced	Numerator = Number of SDP where COPE has been introduced by the project or a similar source; Denominator (n): Total number of SDP visited	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)	100 % 100 % 100 % 100 % 100 % 100 % 100 % ND 100 % 100 % 100 % 100 % 100 %	100%		Supervision Grid
15	Percentage of pregnant women who have had at least one ANC consultation *ANC1= First consultation regardless of pregnancy stage	Numerator = number of consultation *ANC1 in the last quarter ; denominator (n) = Number of expected pregnancies in the last quarter	Thiès (18765) Mbour (20691) Joal (1674) Popenguine (2406) Khombole (8784) Tivaouane (6669) Mekhé (16651) Thiadiaye	30 % 22 % 53 % 46 % 21 % 45 % 13 % ND	90%		Supervision Grid

N°	Indicators	Criteria	Districts (n)	Baseline Data	Goal	Observation	Data Source
			Louga (12257) Kébémér (5380) Dahra (5044) Darou Mousty (2608) Linguère (3935)	30 % 34 % 30 % 54 % 26 %			
16	Percentage of women who have had all 3 ANC consultation	Numerator = number of women who have had the 3 ANC consultation in the last quarter; denominator (n) = number of pregnant women who had their ANC at the same period	Thiès (5717) Mbour (4610) Joal (892) Popenguine (1110) Khombole (1869) Tivaouane (2982) Mekhé (2289) Thiadiaye Louga (3746) Kébémér (1824) Dahra (1489) Darou Mousty (1399) Linguère (1022)	44 % 43 % 43,4 % 41 % 33 % 37 % 40 % ND 29 % 53 % 33 % 28 % 37 %	60%		Supervision Grid
17	Percentage of women who have had all 3 ANC consultation receiving IPT or a chimioprophylaxie prescription	Numerator = number of women who have had ANC consultation and who have received anti-malaria products; denominator (n) = Number of women who have had all 3 ANC in the last quarter	Thiès (5717) Mbour (4610) Joal (892) Popenguine (1110) Khombole (1869) Tivaouane (2982) Mekhé (2289) Thiadiaye Louga (3746) Kébémér (1824) Dahra (1489) Darou Mousty (1399) Linguère (1022)	143 % 107 % 45 % 106 % 39 % 109 % 152 % ND 51 % 99 % 88 % 79 % 104 %	100%		Supervision Grid
18	Percentage of SDP that have implemented COPE for service improvement	Numerator : Number of SDP who have had at least one meeting to review the action plan in the last 3 months	Thiès (33) Mbour (22) Joal (6) Popenguine (8)		100%	Information will be available during the second supervision	Supervision Grid

N°	Indicators	Criteria	Districts (n)	Baseline Data	Goal	Observation	Data Source
		Denominator (n) : Total number of SDP where COPE has been introduced	Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)				
19	Percentage of SDP where at least a service provider received training in ANC from the project	Numerator = number of SDP where at least a service provider received training in ANC consultation from the project; denominator (n) = Total number of SDP visited	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)	83 % 77 % 100 % 100 % 91 % 86 % 91 % ND 100 % 100 % 83 % 100 % 100 %	100%		Supervision Grid
20	Percentage of SDP that have received 2 formative supervision visits in the last twelve months	Numerator; number of SDP that have received 2 formative supervision visits in the last twelve months denominator (n) = total number of SDP visited	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)		100%	Information not yet available	Supervision Grid

N°	Indicators	Criteria	Districts (n)	Baseline Data	Goal	Observation	Data Source
21	Percentage of SDP where FP records are correctly filled out	Numerator = number of SDP that have filled out 80% of items in the FP Records; denominator (n)= total number of SDP visited	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)	74 % 67 % 40 % 37,5 % 20 % 71 % 50 % 20 % 33 % 25 % 57 % 50 %	80%		Supervision Grid
22	Percentage of SDP that correctly filled out the ANC records	Numerator) = number of SDP that filled out 80% of items in the ANC records; denominator (n) = total number of SDP visited	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)	91 % 100 % 100 % 62,5 % 45,5 % 93 % 75 % ND 91 % 100 % 66 % 88 % 69 %	80%		Supervision grid
23	Percentage of SDP that correctly filled out the birth records	Numerator = number of SDP that filled 80% items in the birth records; denominator (n) = total number of SDP visited	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye	64 % 89 % 25 % 37,5 % 22 % 33 % 70 % ND	80 %		Supervision grid

N°	Indicators	Criteria	Districts (n)	Baseline Data	Goal	Observation	Data Source
			Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)	91 % 83 % 50 % 100 % 50 %			
24	Percentage of SDP that correctly filled out the post-natal records	Numerator = number of SDP that filled 80% items in the post-natal records; denominator (n) = total number of SDP visited	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)	33 % 75 % 50 % 50 % 25 % 60 % 50 % ND 50 % 50 % 70 % 60 % 54 %	80 %		Supervision grid
25	Percentage of SDP with at least a trained service provider that offers Norplant	Numerator = number SDP visited where Norplant is offered denominator(n) = number of SDP with at least a trained service provider that offers Norplant	Thiès (3) Mbour (2) Joal (2) Popenguine (1) Khombole (0) Tivaouane (2) Mekhé (1) Thiadiaye Louga (2) Kébémér (2) Dahra (0) Darou Mousty (1) Linguère (1)	100 % 100% 100% 100% 00% 100% 100% ND 100% 100% 00% 100% 100%	100%		Supervision grid
26	Percentage of SDP that provide emergency obstetrical care	Numerator = number of SDP (including level 2 hospitals) offering BEOC; denominator (n) = number of SDP offering maternity services	Thiès (33) Mbour (22) Joal (6) Popenguine (8)	42 % 64 % 50 % 63 %	100%		Supervision grid

N°	Indicators	Criteria	Districts (n)	Baseline Data	Goal	Observation	Data Source
			Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)	00 % 14 % 58 % ND 00 % 83 % 17 % 83 % 63 %			
28	Percentage of maternity clinics using partogramme efficiently	Numerator = number of maternity clinics where the efficient use of partogramme is confirmed; denominator (n) = total number of maternity clinics where work and delivery procedures have been followed	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)		100%	Partogramme not available at the health centers	Supervision grid
29	Percentage of SDP that organize health discussions	Numerator : number of SDP that execute 80% of supervision norms in reproductive discussion Denominator (n): number of SDP with at least a trained health advisor who has been observed	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)	55 % 45 % 17 % 25 % 45 % 57 % 75 % ND 85 % 83 % 58 % 83 % 88 %	100%		Supervision grid

N°	Indicators	Criteria	Districts (n)	Baseline Data	Goal	Observation	Data Source
30	Percentage of SDP that offer counseling on the use of impregnated mosquito net to women during prenatal consultation	Numerator : Number of SDP that correctly follow the counseling guidelines for the utilization of impregnated mosquito net during ANC Denominator(n) : number of SDP that offer ANC	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)	48 % 50 % 50 % 75 % 64 % 71 % 92 % ND 77 % 100 % 58 % 83 % 75 %	100%		Supervision grid
31	Percentage of SDP with at least one health counselor and/or provider offering counseling services	Numerator = number of SDP offering counseling services denominator (n) = number of SDP with at least one health counselor and/or provider offering counseling services	Thiès (33) Mbour (22) Joal (6) Popenguine (8) Khombole (11) Tivaouane (14) Mekhé (12) Thiadiaye Louga (26) Kébémér (12) Dahra (12) Darou Mousty (6) Linguère (8)	52 % 52 % 50 % 75 % 78 % 71 % 92 % ND 88 % 100 % 100 % 100 % 100 %	100%		Supervision Grid
32	Number of "Relais Polyvalent" trained in IEC/SM/PF	Number of ARPV trained			???	Not completely developed	Project Reports
33	Percentage of men in favor of FP		<i>Regions</i> Thiès (20) Louga (10)	15,3 % 21,2 %			USAID Annual Supplemental Survey

N°	Indicators	Criteria	Districts (n)	Baseline Data	Goal	Observation	Data Source
34	Percentage of women who are aware of the benefits of ANC and who are aware of the calendar		<i>Regions</i> Thiès (254) Louga (423)	95,3 % 97,6 %			USAID Annual Supplemental Survey
35	Percentage of women who are aware of the 3 ANC calendar		<i>Regions</i> Thiès (535) Louga (313)	42,6 % 49,1 %			USAID Annual Supplemental Survey
36	Percentage of PPS rated "Pont d'Or" in the target districts	Numerator = number of PPS rated Pont d'or ; denominator = number of PPS eligible to become Pont d'Or in the target districts.			100%	Not yet implemented	Project Reports
37	Number of decision makers (parliamentarians, local authorities) and leaders (religious authority, women and youth movement) who are sensitized and oriented as OL	Number of decision makers and who are sensitized and oriented as OL	Linguère Thiadiaye Kaolack Guinguinée Total	44 33 102 27 206	150		Policy Dialogue report and in the intervention zones Project Reports
38	Percentage of decision makers and leaders who are sensitized and oriented as OL that promote low risk birth and FP in the community	Numerator : number of decision makers and leaders who are sensitized and oriented as OL that promote low risk birth and FP in the community Denominator (n) : number of decision makers and leaders who are sensitized and oriented as OL	Linguère (44) Thiadiaye (33) Kaolack (102) Guinguinée (27) Total (206)	100 % 100 % 100 % 100 % 100 %	75%		Policy Dialogue follow up report , Project report and follow up survey Cahier des PC
39	Percentage of decision makers and leaders who are aware of at least 2 FP benefits	Numerator : decision makers and leaders who are aware of at least 2 FP benefits Denominator (n): number of decision makers and who are sensitized and oriented as OL	Linguère (20) Thiadiaye (13) Kaolack (26) Guinguinée (10)	100 % 100 % 100 % 90 %	75%		PC report books, providers witness Follow up survey

N°	Indicators	Criteria	Districts (n)	Baseline Data	Goal	Observation	Data Source
40	Percentage of decision makers and leaders who are aware of the ANC calendar	Numerator : number of decision makers and leaders who are aware of the ANC calendar Denominator (n) : number of decision makers and leaders who are sensitized and oriented as OL	Linguère (20) Thiadiaye (13) Kaolack (26) Guinguinéo (10)	65 % 77 % 35 % 70 %	75%		Follow up survey
41	Percentage of OL decision makers and leaders who are aware of at least 2 FP benefits	Numerator : number of OL decision makers and leaders who are aware of at least 2 FP benefits Denominator (n) : of OL decision makers and leaders who are aware of at least 2 FP benefits	Linguère (20) Thiadiaye (13) Kaolack (26) Guinguinéo (10)	90 % 92 % 92 % 100 %	75%		Follow up survey
42	Percentage of pregnant women surveyed who have had at least one ANC	Numerator : number of pregnant women surveyed who have had at least one ANC Denominator (n): number of pregnant women surveyed	Linguère (222) Thiadiaye (570) Kaolack (1982) Guinguineo (331)	85 % 83 % 94 % 96 %	80%		Persuadeur Communautaire notebooks
43	Percentage of high schools and colleges with EVF following the awareness campaign involving educational authorities (directors, inspectors, principals, teachers, and parents	Numerator : number of high schools and colleges with EVF Denominator (n) : number of schools where educational authorities have been sensitized			80%	Information not yet available	Report on monitoring school authorities commitment
44	Percentage of trainers, vocational trainers and student teachers who have received training in RH in the EFI (Teacher's Training School)	Numerator : number of trainers, vocational trainers, and student teachers who have received training in RH Denominator (n) : number of trainers, vocational trainers and teachers who have received training in RH in the EFI (Teacher's Training School) targeted	Thiés (755) Kaolack (610) Louga (449) Ziguinchor (425)	100% 100% 100% 100%	100%		Report on Political activity
45	Consensus propositions of the 6 EFI on the integration of RH in the competencies reference guide	Consensus propositions of the 6 EFI on the integration of RH in the competencies reference guide	EFI	100 %	100%		Report on the national integration workshop
46	Percentage of PSDP surveyed and monitored, which submit activities reports to	Numerator: number of PSDP surveyed and monitored, which	Private SDP (17)		90%		Report of coordination meetings in the medical

N°	Indicators	Criteria	Districts (n)	Baseline Data	Goal	Observation	Data Source
	public health structures	submit activities reports to public health structures Denominator (n): number of PPSP surveyed and monitored					and regional districts, PPSP reports submitted, private and public health workers survey
47	Percentage of PSDP where health workers trained health workers offer RH/FP services	Numerator : Number of PSDP where RH/FP services are offered Denominator (n): number of PSDP with trained health workers	Private SDP (17)	29 %	100%		PPSP Report, supervision report, district reports
48	Number of articles in the press about advocacy activities	Number of articles in the press about advocacy activities	Number	47 articles	35/year		Press releases and audiovisuals